

ERIE COUNTY FIRE SAFETY DIVISION FIELD TRAINING FACILITY REQUEST FORM

[PLEASE NEATLY PRINT ALL INFORMATION]

Fire Company/Department:			
Officer Requesting Facility:	<input type="checkbox"/> Chief <input type="checkbox"/> Asst. Chief <input type="checkbox"/> Training Officer		
Contact Day Phone:		Evening:	
Date Completed:		Date Received:	

GENERAL FACILITY INSTRUCTIONS: [PLEASE READ ALL INFO CAREFULLY]

1. List the dates and times you would like to request for each session – indicating your first choice and two alternate dates. The alternate dates will be considered if your first choice is not available. Failure to provide alternate training dates will cause your request to be returned if the first choice is unavailable.
2. You must complete choices for two separate sessions if you would like to schedule both a day and evening session on the same date.
3. All requests will be handled on a first come – first serve basis.
4. The indoor maze and tower (only) at the Cheektowaga Facility are available for use year round.
5. All other facilities are outdoors and are only available for use from May 1st thru October 31st.
6. You will receive a written confirmation of your scheduled facility dates and instructor(s).
7. Return this form via US mail or fax to:
Erie County Fire Coordinator's Office - 3359 Broadway - Cheektowaga NY 14227 - **FAX/681-3645**
8. Please do not hesitate to contact this office by phone at: **716/681-7111** or via e-mail to: **campagne@bflo.co.erie.ny.us** should you have any questions.

LIVE BURN FACILITY INSTRUCTIONS: [PLEASE READ ALL INFO CAREFULLY]

1. Complete and return this form to the Fire Safety Office no less than two (2) weeks prior to your requested training date(s).
2. **Cancellations with less than (48) hours notice will result in your agency being billed for a four (4) hour instructor fee unless your vacated slot is filled.**

LIVE BURN TRAINING AUTHORIZATION:

[MUST BE COMPLETED WHEN REQUESTING USE OF THE LIVE BURN SIMULATOR]

I certify that all personnel from this agency taking part in training evolutions relative to this request(s) have current OSHA compliant fire fighter physicals and therefore are capable of interior fire fighting operations and use of Self Contained Breathing Apparatus.

NAME:			
TITLE:			
SIGNATURE:			

SESSION #1			Cheektowaga [Check One]		Amherst [Check One]		Chestnut Ridge [Check One]	
Choice	Date	Start Time						
1 st			<input type="checkbox"/>	Smokehouse	<input type="checkbox"/>	Smokehouse	<input type="checkbox"/>	Smokehouse
			<input type="checkbox"/>	Tower-Indoor	<input type="checkbox"/>	Tower	<input type="checkbox"/>	Tower
			<input type="checkbox"/>	Tower-Outdoor	<input type="checkbox"/>	Oil Pits		
2 nd			<input type="checkbox"/>	Oil Pits				
			<input type="checkbox"/>	Maze-Indoor				
			<input type="checkbox"/>	Firefighter Survival Building				
3 rd			<input type="checkbox"/>	Ventilation Simulator				
			<input type="checkbox"/>	Confined Space Rescue				
			<input type="checkbox"/>	Live Burn Simulator				
SESSION #2			Cheektowaga [Check One]		Amherst [Check One]		Chestnut Ridge [Check One]	
Choice	Date	Start Time						
1 st			<input type="checkbox"/>	Smokehouse	<input type="checkbox"/>	Smokehouse	<input type="checkbox"/>	Smokehouse
			<input type="checkbox"/>	Tower-Indoor	<input type="checkbox"/>	Tower	<input type="checkbox"/>	Tower
			<input type="checkbox"/>	Tower-Outdoor	<input type="checkbox"/>	Oil Pits		
2 nd			<input type="checkbox"/>	Oil Pits				
			<input type="checkbox"/>	Maze-Indoor				
			<input type="checkbox"/>	Firefighter Survival Building				
3 rd			<input type="checkbox"/>	Ventilation Simulator				
			<input type="checkbox"/>	Confined Space Rescue				
			<input type="checkbox"/>	Live Burn Simulator				
SESSION #3			Cheektowaga [Check One]		Amherst [Check One]		Chestnut Ridge [Check One]	
Choice	Date	Start Time						
1 st			<input type="checkbox"/>	Smokehouse	<input type="checkbox"/>	Smokehouse	<input type="checkbox"/>	Smokehouse
			<input type="checkbox"/>	Tower-Indoor	<input type="checkbox"/>	Tower	<input type="checkbox"/>	Tower
			<input type="checkbox"/>	Tower-Outdoor	<input type="checkbox"/>	Oil Pits		
2 nd			<input type="checkbox"/>	Oil Pits				
			<input type="checkbox"/>	Maze-Indoor				
			<input type="checkbox"/>	Firefighter Survival Building				
3 rd			<input type="checkbox"/>	Ventilation Simulator				
			<input type="checkbox"/>	Confined Space Rescue				
			<input type="checkbox"/>	Live Burn Simulator				
SESSION #4			Cheektowaga [Check One]		Amherst [Check One]		Chestnut Ridge [Check One]	
Choice	Date	Start Time						
1 st			<input type="checkbox"/>	Smokehouse	<input type="checkbox"/>	Smokehouse	<input type="checkbox"/>	Smokehouse
			<input type="checkbox"/>	Tower-Indoor	<input type="checkbox"/>	Tower	<input type="checkbox"/>	Tower
			<input type="checkbox"/>	Tower-Outdoor	<input type="checkbox"/>	Oil Pits		
2 nd			<input type="checkbox"/>	Oil Pits				
			<input type="checkbox"/>	Maze-Indoor				
			<input type="checkbox"/>	Firefighter Survival Building				
3 rd			<input type="checkbox"/>	Ventilation Simulator				
			<input type="checkbox"/>	Confined Space Rescue				
			<input type="checkbox"/>	Live Burn Simulator				